Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Ta:

Division of Corporations

Estimated Charge

Fax Number : (850)617-6381

From:

Account Name : LEGAL TEAM PLLC Account Number : I20210000040

Phone : (786)307-2393 Fax Number : (786)524-3342

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ksuarez@legalteamservices.com Email Address:

FLORIDA LIMITED LIABILITY CO. ST Washington Ave LLC

Certificate of Status 0 Certified Copy 03 Page Count

\$125,00

Flectronic Filing Menu — Corporate Filing Menu

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COVER LETTER

TO:	New Filing Se Division of Co				
	ST WASH	INGTON AVE LLC			
SUBJE	CT:	Name of Li	mited Liabi	lity COrpry	
The enc	losed Articles of	Organization and fee(s) a	re submitte	I for filing.	
Please n	eturn all corresp	ondence concerning this m	natter to the	following:	
	Karel Suare	z			
	•		Name o	l'Reco	
	The Legal I	feam PLLC			
			limx?	nink,	
	4000 Ponce	de Leon, Suite 470			
			ΛU	168	
	Coral Gable	s. Ft. 33146			
	k supre viáleos	alteamservices.com	ity/State ar	id Zip C ole	
		E-mail address: (to be used	f for future	annual report notificat	ion)
For furthe		ncerning this matter, pleas		·	
	Karel Sparez			307-2393	
		at ()	
	יונילו	ຜ of Person → Ø	Area Code	Daytime Telephon	ie Number
Enclosed	l is a check for t	he following amount:			
≣ \$125.	00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certif	i5,00 Filing Fee & ied Copy ial copy is enclosed)	☐\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is end one)
	<u>Mailii</u>	<u>igAddress</u>		Street Address	
		iling Section		New Filing Section D	
		on of Corporations lox 6327		The Centre of Tallah; 2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ST WASHINGTON AVEILED

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
4000 Ponce de Leon	4000 Ponce de Leon
Suite 470	Suite 470
Coral Gables, FL 33146	Coral Gables, FL 33146

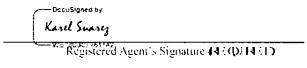
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

The Legal Team PL	LC	
	Min	•
4000 Ponce de Leon	, Suite 470	
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
Coral Gables	FL	33146
Civ.	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in **Fis** capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Clypte 605, ES



(CONTINUED)

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ARTICLE IV-

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Erick Trelles	18801 SW 89th Road Miami, Florida 33157
	Strain: 1 total 2017
Karet Suarcz	1815 SW 85th Court P 22 Minmi, Florida 33155 L 5
	
effective date is listed, the date mu ite of filing.) If the date inserted in this block do	the date of filing
CLEV: Effective date, if other than effective date is listed, the date muste of filing.) If the date inserted in this block dependent's effective date on the Dep	ist be specific and cannot be more than five business days prior to or 90 coses not meet the applicable statutory filing requirements, this date will not be
CLEV: Effective date, if other than effective date is listed, the date muste of filing.) If the date inserted in this block dependent's effective date on the Dep	ist be specific and cannot be more than five business days prior to or 90 coses not meet the applicable statutory filing requirements, this date will not be
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CLEV: Effective date, if other than effective date is listed, the date mutte of filing.)	ist be specific and cannot be more than five business days prior to or 90 coses not meet the applicable statutory filing requirements, this date will not be
CLEV: Effective date, if other than effective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Dep CLEVI: Other provisions, if any. REOURED SIGNATURE: Signature This document is 1 am aware that:	ist be specific and cannot be more than five business days prior to or 90 coses not meet the applicable statutory filing requirements, this date will not learnment of State's records. Docustoned by:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- S 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)